DEPARTMENT OF THE ARMY
HEADQUARTERS, U. S. ARMY MEDICAL COMMAND
2050 WORTH ROAD, SUITE 10
FORT SAM HOUSTON, TEXAS 78234-6010

REPLY TO
ATTENTION OF

MCHS-IS 28 October 2002

MEMORANDUM FOR SEE DISTRIBUTION

SUBJECT: Minutes of the Medical Command Data Quality for AMEDD Success Team (DQFAST)

1. The DQFAST met in Room 107, Patient Administration Systems and Biostatistics Activity (PASBA) Conference Room, Building 126, at 0900 on 15 October 2002.

a. Members Present:

COL Clark, Team Leader, PASBA
LTC Young-McCaughan, Outcomes Management, MEDCOM
MAJ Wesloh, Deputy Director, PASBA
MAJ Ulsher, Decision Support Branch, PASBA
CPT Blocker, Decision Support Cell, OTSG
Mr. James, Data Analysis Section, PASBA
Ms. Robinson, Data Quality Section, PASBA

b. Members Absent:

COL Jones, AcofS, HP&S, MEDCOM
MAJ Anderson, IMD, OTSG
MAJ Stewart, PAD, MEDCOM
MAJ Petray, RM, MEDCOM
MAJ Briggs-Anthony, Data Management Branch, PASBA
Ms. Bacon, AMPO, MEDCOM
Ms. Mandell, PASBA
Ms. Leaders, TRICARE Operations Division, MEDCOM
Ms. Cyr, AcofS, PA&E, MEDCOM
Mr. Thompson, Internal Review, MEDCOM
Mr. Padilla, RM, MEDCOM

c. Others Present:

COL Malone, OTSG
Ms. Bowman, representing TRICARE Operations Division, MEDCOM
Ms. Langenberg, representing Data Management Branch,

PASBA
Mr. Cardenas, representing AMPO
Mr. Bacon, PASBA

2. Opening Remarks. All attendees introduced themselves.

3. Old/Ongoing Business.

a. Approval of Minutes. The September minutes were approved as written.

b. DQFAST Metrics.

(1) The Delayed Booking Metric (enclosure 1) will be added as a new DQFAST metric. This metric represents patient appointments entered into the Composite Health Care System (CHCS) after the patient's appointment.

(a) The Green-Amber-Red compliance thresholds will be Green 1.5 percent or less, Amber between 1.5 percent to 2.5 percent and Red anything greater than 2.5 percent.

(b) These late entry appointments do not show up when clinics do their end-of-day processing. This could create a situation where workload could be lost. When looking at a facility's end-of-day processing compliance the delayed booking appointments are not included. Therefore, when you combine the End-of-Day Processing Metric and the Delayed Booking Metric you get a more accurate depiction of what percentage of any given days appointments are not being closed out, on a daily basis. **Decision: The Delayed Booking Metric will be posted to the PASBA website with a detailed explanation of the metric, by 18 October 2002.**

(2) The End-of-Day Metric (enclosure 2), previously removed from the PASBA website, will be re-posted to the PASBA website with a more exact explanation. **Decision: The End-of-Day Metric will be re-posted to the PASBA website.**

(3) The Standard Inpatient Data Record (SIDR) Metric (enclosure 3) indicates that four facilities are in the Red for compliance. Two of the facilities, Walter Reed Army Medical Center and Eisenhower Army Medical Center, show a drop in compliance that is attributable to incomplete records. The

Landsthul Regional Medical Center's (LRMC's) drop in compliance was due to late transmission of records. The Womack Army Medical Center has shown a steady drop in compliance that is attributable to a lack of qualified coders.

(4) The Standard Ambulatory Data Record (SADR) Metric (enclosure 4) indicates that seven facilities are in the Red for compliance. Two of the facilities, LRMC and the 67th Combat Support Hospital have a number of incomplete records. Womack Army Medical Center has incomplete records due to their lack of coders. McDonald Army Community Hospital is still having problems with their CHCS II and CHCS I interface. The 121st General Hospital has coding issues with providers. The Eisenhower Army Medical Center and Weed Army Community Hospital are still in the process of researching the reason for their drops in compliance. Blanchfield Army Community Hospital has provider turnover issues and encounters not being closed.

c. Data Quality Management Control Program (DQMCP) Issues.

(1) DQMCP, New Issues.

(a) The Team Leader spoke on the issue of medical records documentation. Medical records documentation plays a very significant role in the support of data quality, coding and reimbursements. Training for coders and physicians is currently available via the internet. The internet training for coders has progressed very well. Physicians at some facilities have taken the internet training, although to a lesser degree than the coders. Europe is one of the regions where the command has strongly encouraged their physicians to take the internet training.

(b) The Director of Health Policy and Services (HP&S) at the Office of The Surgeon General (OTSG) held a meeting to look at how to modify some of the internet training offered to the physicians. They also reviewed what modules of the internet training the physicians should concentrate on. The current contract for internet training is in the fifth or sixth month, of a twelve-month contract.

(c) The latest updates of International Classification of Diseases, 9th Revision (ICD-9) and Current Procedural Terminology (CPT) should have been released by October 2002.

It appears that the updates will not be released until November 2002 or later. There is an effort underway to address how to expedite the release of these two updates.

(d) A message is going out to the medical records personnel, coding personnel, and the Chiefs of Patient Administration Divisions in the medical facilities about the issues being faced on coding. A separate message will be sent to the medical facility commanders about the coding issues.

(2) Coding Update.

(a) There is no report on the number of new coders hired, or whether they are General Service civilians or contractors. The PASBA will begin tracking this. To date 270 coders were requested and 175 were funded. There were 172 billers requested and 89 were funded. The MEDCOM will verify these numbers.

(b) The memorandum from The Surgeon General informing physicians on the content of the internet training and the reason the training needs to be taken, is being restaffed by the Director of HP&S at OTSG.

(c) Currently, 1624 of 7500 available passwords have been assigned to physicians to take the internet training. The coders have been assigned 376 of the 500 passwords for internet training. The internet training for the coders is going very well. There is concern about the number of physicians that have not taken the internet training.

(d) A web page and hot line will be set up by 3M to address any issues individuals from the medical facilities have on the internet training. This will streamline the process of individual's questions being answered without going through PASBA. **Decision: The PASBA will request 3M provide feedback on how many and what type questions are being submitted to the 3M web page or hotline.**

(e) To date, there has been minimal action taken on auditing tools. An initial survey of medical facilities identified that none have a coding compliance plan. Many facilities have Uniform Business Office (UBO) plans. The UBO plans do not specifically address data quality issues but rather

billing and third party collections. The PASBA will work with the facilities to develop compliance plans on coding. The compliance plan on coding will also endeavor to identify software that is available to assist individuals in coding. **Decision: The PASBA will work on developing a coding compliance plan and identifying software to assist in coding.**

(3) Medical Expense and Performance Reporting System (MEPRS) Expense Assignment System IV Update.

(a) The Army MEPRS Program Office (AMPO) representative inquired what the guidance is on the MEPRS Early Warning and Control System (MEWACS), as it relates to the Data Quality Management Control Review List. A PASBA representative spoke with the Tricare Management Activity (TMA) on what the expectation is for reporting MEWACS anomalies on the DQMCP Commanders Statement. The TMA responded that facilities should be aware of MEWACS, the Data Quality Managers should look at MEWACS at least monthly and briefly comment on any anomalies. **Decision: There should be a yes or no response on the Commanders' Data Quality Statement, with any no responses having an explanation.**

(b) The AMPO inquired if there was anyone from MEPRS present when the TMA Work Group decided to include MEWACS on the DQMCP Review List. **Decision: Minutes from the TMA Work Group meeting indicate there were two representatives from the MEPRS Management Improvement Group present when the MEWACS decision was made.**

(4) DQMCP Update.

(a) The DQMCP Combined Report (enclosure 5) shows the areas with the greatest deficiencies are coding related. On 8 October a teleconference was held with the Data Quality Managers from the RMCs, OTSG Plans Analysis & Evaluation, OTSG Information Management Office, AMPO, Director of PASBA and other PASBA representatives on the DQMCP. There will be a video teleconference briefing to Major General Farmer on the DQMCP Wednesday, 16 October. At some point in time after Major General Farmer has been briefed, The Surgeon General will be briefed.

(b) At the next TMA workgroup meeting, the PASBA representative will present the question of MEPRS timeliness of

financial data. When MEPRS data is submitted should reconciliation be completed prior to data transmission? The DQMCP guidance does not specifically state that reconciliation should be done before timely submission of data. The AMPO has put out guidance that Army facilities should perform reconciliation prior to submission of data and AMPO is monitoring facility's that are deficient in this area.

(c) The Data Quality Workshop is scheduled for the 15-16th of January 2003 for the Pacific RMC, Western RMC and the 18th MEDCOM. Relevant information and registration is on the PASBA website. The workshop for Europe may be the first week of February 2003 at Landstuhl. The DQFAST Team Leader made an observation that the North Atlantic RMC workshop was well attended and received many positive comments on the training. It was also noted that some sites have identified deficiencies in some of their processes and are working to improve those areas.

d. DQMCP Best Business Practices. There were no best business practices reported although several sites indicated they might have some. **Decision: The Team Leader directed that examples of the currently posted best business practices be made available at the 19 November 2002 committee meeting.**

e. Data Quality in the Balkans.

(1) The PASBA received Bosnia and Kosovo September SIDR transmittals and 23 SIDR Admission and Coding Sheets and cover sheets from the 405th Combat Support Hospital. The 339th CSH in Uzebekistan and Afghanistan has not submitted any SIDR data to PASBA. The PASBA has contacted 339th CSH personnel and PASBA should receive their data by the end of the month.

(2) The PASBA has discussed the requirements and expectations of data being sent to PASBA from deployed units. **Decision: Within the next month there should be some specific guidance published about what data is expected from deployed units.**

4. New Business. There is some confusion at medical facilities concerning the implementation of outpatient itemized billing (OIB) and its impact on historical workload count. There were a number of MTF Third Party Collection Program personnel that

instructed clinics to change workload count to non-count. This would have a potentially significant impact on bid price adjustments, because workload that historically was counted as a visit would now be considered non-count workload. The PASBA distributed an information paper to the Data Quality Managers list server, the Worldwide Workload Report points of contact, and the Uniform Business Utility list server. The AMPO is also distributing this information paper through their MEPRS personnel, stating that workload accounting rules in effect prior to 1 October 2002 are still in effect. The OIB accommodates for visits and occasions of service and not to change workload accounting rules. **Decision: The PASBA will track this issue for the next several months to see if there is any significant change in workload. Some specific clinics that will be monitored are Occupational Therapy, Physical Therapy, Dermatology, Psychology and the Cast Clinic. These clinics historically account for seven to ten percent of a facility's workload.**

5. Deferred Issues. The MEDCOM Internal Review Office's final report of their NARMC visit.

6. The meeting adjourned at 0945. The next meeting will be 19 November 2002 at 0900.

5 Encls
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LARRY J. CLARK
COL, MS
DQFAST Team Leader

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1-Each Committee Member